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Letter to the Editor

Haemophilus influenzae type b vaccination in India—a reality check

We read with interest the article by Yüksel et al.[1] on the immunogenicity of the *Haemophilus influenzae* type b–tetanus conjugate vaccine when administered separately or in combined form in Turkey, and congratulate them on their study.

According to the latest World Health Organization recommendations, vaccination against *Haemophilus influenzae* type b (Hib) should be included in the routine infant immunization schedule after due consideration by the national authorities. Hib is the most common cause of meningitis and pneumonitis in children aged less than 5 years in India. Hib meningitis has a very high mortality, and many survivors suffer from long-term sequelae. The Hib vaccine is a highly efficacious and safe vaccine, and a booster dose at 15–18 months of age is necessary to boost the antibodies further for a long-lasting serum level. Hib combination vaccines, including those with inactivated polio vaccine (IPV), diphtheria–whole cell pertussis–tetanus (DPwT) or diphtheria–acellular pertussis–tetanus (DPaT), and hepatitis B virus are safe and effective and should be encouraged to improve compliance. The use of the Hib vaccine is recommended in India for those who can afford the vaccine.

Providing the Hib vaccination along with the recommended DPT and oral polio vaccine (OPV) would help to increase compliance with vaccination. It would also ensure that the child receives the vaccines at an age at which they are most likely to contract an infection. The above study shows that the long-term protection is better with individual vaccines. However the fact remains that the immediate immunogenicity is not affected by whether the vaccinations are separate or combined.[2] In addition, with combined vaccinations there would be a lesser chance of side effects and a lesser number of needle pricks for the child. The cost of combined vaccines may be high, but the consolidated advantage that a combined vaccine gives far outweighs its price tag. An effective primary vaccination schedule for the Hib vaccine matches that recommended for the DTP vaccine, which has been available for many years. In addition, the OPV and hepatitis B vaccine can be added to the same schedule.

The introduction of the Hib vaccine by the government might result in increased health expenditure, but this could easily be balanced by the mortality and morbidity prevented. In places where the combined vaccine is financially viable, it could be used effectively to decrease the burden of this disease.[3]

Conflict of interest: No conflict of interest to declare.

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